




03/11/98 1588E060

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TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	7408-2202
	First named inventor	Stoughton
	Express mail label #	EM468592510US
	Date of mailing	March 11, 1998

Application Elements	Accompanying Application Papers
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form</p> <p>2. <input checked="" type="checkbox"/> Specification No. Pages <u>174</u> (including Abstract)</p> <p>a. Title: <b>METHODS OF DIAGNOSIS AND TRIAGE USING CELL ACTIVATION MEASURES</b></p> <p>b. Number of claims: <u>39</u></p> <p>3. <input checked="" type="checkbox"/> No. sheets of drawings <u>7</u> with <u>5</u> Figs.</p> <p>4. <input checked="" type="checkbox"/> Unexecuted Declaration listing names of joint inventors</p> <p>5. <input type="checkbox"/> Sequence Listing</p> <p><input type="checkbox"/> Paper copy (identical to computer copy)</p> <p><input type="checkbox"/> Computer readable copy</p> <p><input type="checkbox"/> Verified statement</p>	<p>6. <input type="checkbox"/> Assignment papers</p> <p>7. <input type="checkbox"/> Statement of status as small entity</p> <p>8. <input checked="" type="checkbox"/> Return Receipt Postcard</p> <p><b>SIGNATURE OF ATTORNEY/AGENT</b></p> <p><b>BROWN MARTIN HALLER &amp; McCLAIN</b></p> <p> Stephanie Seidman Registration Number: 33,779</p>
<p>If a continuing application: <input type="checkbox"/> continuation <input type="checkbox"/> Divisional</p>	

CORRESPONDENCE ADDRESS		
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<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	7408-2202
	First named inventor	Stoughton
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**FEE CALCULATION FOR CLAIMS AS FILED**


a)	Basic Fee		\$	<u>790.00</u>
b)	Independent Claims <u>5</u> - 3 = <u>2</u> x \$ 82.00		\$	<u>164.00</u>
c)	Total Claims <u>39</u> - 20 = <u>19</u> x \$ 22.00		\$	<u>418.00</u>
d)	Fee for Multiple Dependent Claims - \$260.00		\$	<u>0.00</u>
	<b>TOTAL FILING FEE</b>		\$	<u>1372.00</u>

[X] Statement(s) of Status as Small Entity  
reducing Filing Fee by one-half to  
will be sent under separate cover. \$686.00

[X] A check in the amount of \$686.00 to cover the fee for filing the application.

[ ] Charge \$    .00 to Deposit Account No. 02-4070.

[X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 02-4070. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-4070 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:					
Typed or printed name	Stephanie Seidman			Reg. Number	33,779
Signature		Date	3/11/98	Deposit Account	02-4070

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